

Blood-Stream Infection (CDC)

From: Keita Morikane [morikane-ty@umin.net]
Sent: Monday, November 30, 2009 9:54 PM
To: Blood-Stream Infection (CDC)
Subject: comment to the draft guideline

To whom it may concern,

My name is Keita Morikane. I am an MD and working as an infection control manager in a university hospital in Japan.

My comments to the draft guideline is regarding the chlorhexidine impregnated dressings. I think that this material has a very high potential for the prevention of central-line associated BSI, because it is a very simple and effective intervention which can be made by the ward staffs.

The first point is that the background (line 506-525) tells us that there are conflicting results, which came from a multi-center RCT and a meta-analysis, i.e., in favor of and against the effectiveness of this material.

I could not understand how you folks made the recommendation based on these analysis. The recommendation says that we use a chlorhexidine-impregnated sponge dressing "if the CRBSI rate is higher than the institutional goal, despite adherence to basic CRBSI prevention measures,...". However, neither of the study (RCT and meta-analysis) showed the relationship between the level of BSI rate and the effectiveness of this material.

The second point is the terminology.

The term "chlorhexidine impregnated dressings" are used in the first part of the background, whereas in the second part "chlorhexidine sponge dressings" are used. In Japan, none of these kind of material has been approved for use for the prevention of BSI, so these variety of terms confuses me.

Are these recommendation only for the sponge dressings? If so, why?

I would once again like to emphasize that this material has a very high potential for prevention of BSI,

and therefore like to ask you folks to do more specific analysis of the literature and make clear recommendation including the terminology.

Best regards,

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